

PATIENT SERVICES SUPPLEMENTAL REPORTING FORM				HID/LOC/SITE:	
PLACE OF SERVICE- If Not Onsite: (J) Inpatient Hospital (K) Outpatient Hospital (L) Physician's Office (M) Patient's Home (O) Other (T) Treatment Center (U) Nursing Home (V) Detention Center (W) Workplace (X) Homeless Shelter				CONTACT DATE:	
PATIENT ID#/MDCD#:		MDCD: (Y) (N) (A) (M) (K) (E)		RACE: check one or more (W) White (B) Black or African American (N) American Indian or Alaska Native (A) Asian (H) Native Hawaiian or Other Pacific Islander His/Lat(Hispanic or Latino) (Y) Yes or (N) No	
PATIENT NAME:		E BEG DT:			
Last: First: MI:		EST. BCCTP TREATMENT END DT:			
HOME PHONE #:		M/A PART#:			
NAME OF PARENT/CARETAKER:		MEMBER#:			
Last: First: MI:		AUTH REF:			
		PRIMARY HEALTH PROV:			
		MEDICARE: (Y) (N)		SEX: (M) (F) BIRTH DATE:	
		MEDICARE#:			
		CBIS#:			
		KTAP: (Y) (N)		MEDICAL RECORD#:	HANDS Family ID#:
		FOODSTAMPS: (Y) (N)		MOMMY & ME (Y) (N)	HANDS Family Level:

<input checked="" type="checkbox"/>	WIC NUTRITION EDUCATION CLASS (804)	
	OTHER NUTRITION EDUCATION (805)	
	31	WIC Nutrition Education Class
	32	WIC Breastfeeding Class
	33	Kiosk Nutrition Education
	36	Nutrition Education Class (Other than WIC)

<input checked="" type="checkbox"/>	CANCER (When Provider Bills Medicaid or OTP)(813)	
	56	Screening Mammogram Result:
	57	Diagnostic Mammogram Result:
	58	Pap Smear Result:

<input checked="" type="checkbox"/>	MEDICAID TREATMENT FUNDS (813)	
	213	Pre-cancerous Breast Conditions
	214	Cancerous Breast Conditions
	215	Pre-cancerous Cervical Conditions
	216	Cancerous Cervical Conditions

<input checked="" type="checkbox"/>	COMPREHENSIVE MATERNITY (803)	
	70	Comprehensive Maternity Visit
	71	Vaginal Delivery
	72	C-Section Delivery
	73	Miscarriage

<input checked="" type="checkbox"/>	MATERNITY CLASS (803)	
	7301	Prenatal Class
	7302	Lamaze Class
	7303	Childbirth Education
	7304	Sibling Education
	7305	Breastfeeding Class
	7306	Parenting Education

<input checked="" type="checkbox"/>	DENTAL (712)	
	D0140	Dental Screening
	D1351	Dental Sealant <i>report referral</i> Units
	D1211	Treatment Performed

<input checked="" type="checkbox"/>	KEIS (808)		
	X0076A	Primary (Office)	Units
	X0076B	Primary (Home)	Units
	X0064A	Initial Service (Office)	Units
	X0064B	Initial Service (Home)	Units
	X0058A	Collateral (Office)	Units
	X0058B	Collateral (Home)	Units
	X0011	Primary Evaluation	
	X0050C	Therapeutic Co-treat (Office)	Units
	X0060C	Therapeutic Co-treat (Home)	Units

<input checked="" type="checkbox"/>	HANDS SERVICES BILLING (853)		
	T1023	Assessment	
	S9444	Home Visit (Paraprofessional)	
	S9445	Home Visit (Professional)	
HANDS Referral Codes: (list two-digit number in "referral/specimen codes" block below) 75 Substance Abuse 79 Physician 83 Education 87 Health Dept 76 Mental Health 80 Domestic Violence 84 Transportation 88 Smoking Cessation 77 Basic Needs 81 Other 85 Child Care 89 Oral Health 78 First Steps 82 N/A 86 Employment			

<input checked="" type="checkbox"/>	FLUORIDE (No Face-to-Face) (800)		
	S0001	Fluoride Drops – 1 st Dose	
	S0002	Fluoride Drops Refill	
	S0003	Fluoride Tablets – 1 st Dose	
	S0004	Fluoride Tablets Refill	
	S0009	Fluoride Water Test	
Type of Specimen:			
	31- Well Water Well Depth: <input type="checkbox"/> 0-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151-500 <input type="checkbox"/> >500 <input type="checkbox"/> Unknown		
	32- Cistern Water		
	33- City Water		
	34- Bottled Water		
	37- Other		

<input checked="" type="checkbox"/>	MOMMY AND ME CODES		
	99510	Prenatal Nursing Visit	
	99501	Postpartum Nursing Visit	
	98966	Prenatal Phone Call	
	98967	Postpartum Phone Call	

PROVIDER	REFERRAL/SPECIMEN CODES:
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√	LEAD TESTS (When Provider Bills Medicaid or OTP) (800, 803 or 810)	
	L01	Lead Test Pediatric
	L02	Lead Test Maternity
	L03	Lead Test Adult Health (Age: 16 yrs or Older)

√	LHD DISCRETIONARY Codes 900 through 999	

PROVIDER	REFERRAL/SPECIMEN CODES:
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